

4479

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Cochise State Arizona Registered No. 28
District or Township Douglas or Village _____
City Douglas No. 861-20 St 4 St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME

Lillian May West
(a) Residence. No. Don Louis Ariz. St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

5a. If married, widowed, or divorced HUSBAND
(or) WIFE of Robert A. West

6. DATE OF BIRTH (month, day and year)

7. AGE Years 33 Months — Days — IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Colorado

10. NAME OF FATHER W. L. Kaneaster

11. BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12. MAIDEN NAME OF MOTHER Mary Duke

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mississippi

14. Informant Robert West
(Address) Don Louis Ariz.

15. Filed _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 10-14-1925

17. I HEREBY CERTIFY, That I attended deceased from 10/12 1925 to _____ 19____, that I last saw him alive on 10/13/25 19____, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH* was as follows:

Cancer of Stomach & Liver
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.

18. Where was disease contracted if not at place of death? Bike Ariz

Did an operation precede death? No Date of 6/4/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) D. P. Armstrong M. D. 10/15/25 1925 Don Louis Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery DATE OF BURIAL 10-15-25

Whitewater, Arizona ADDRESS _____

20. UNDERTAKER Porter Ames Douglas